



**Seattle**  
Human Services

**2022 Nursing Services  
Request for Qualifications**

**AMENDMENT #1**

**07-18-22**

## **GUIDELINES**

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INTRODUCTION	1
TIMELINE* (AMENDED)	2
INVESTMENT AREA BACKGROUND & PROGRAM REQUIREMENTS	2
A. OVERVIEW OF INVESTMENT AREA	2
B. SERVICE/PROGRAM MODEL	3
C. PROGRAM CRITERIA	4
D. PRIORITY POPULATIONS AND FOCUS POPULATION	4
E. EXPECTED PERFORMANCE COMMITMENTS	5
F. DESCRIPTION OF KEY STAFF AND STAFFING LEVEL	5
G. RFQ SPECIFIC ELIGIBILITY, DATA, AND CONTRACTING REQUIREMENT	6

## **APPLICATION**

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HOW TO COMPLETE THE APPLICATION	7
PROPOSAL NARRATIVE & RATING CRITERIA	7
COMPLETED APPLICATION REQUIREMENTS	12

## **ATTACHMENTS**

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ATTACHMENT 1 – APPLICATION CHECKLIST	14
ATTACHMENT 2 – APPLICATION COVER SHEET	16
ATTACHMENT 3	

### **Funding Process Coordinator:**

Mary Pat O’Leary

[Mary.OLeary@seattle.gov](mailto:Mary.OLeary@seattle.gov)

206-684-0683

## Guidelines

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### INTRODUCTION

The [Aging and Disability Services \(ADS\)](#) division of the [City of Seattle Human Services Department \(HSD\)](#), the [Area Agency on Aging \(AAA\)](#) for Seattle-King County, is seeking applications from entities interested in providing nursing services. This Request for Qualifications (RFQ) is competitive and open to any legally constituted entities that meet the standard [HSD Agency Minimum Eligibility Requirements](#) and any additional outlined in Section IV of the Guidelines.

This Nursing Services RFQ is focused on responding to referrals within specified timeframes for nursing services that include file reviews, nurse consultant home visits, telephone calls, care coordination, and follow-up.

### BUDGET

Up to **\$165,755.00** is available through this Request for Qualifications from the following sources:

Fund Sources	Request for Qualification Amount
<i>Nurse Consultation: Federal/State Title XIX Funds</i>	\$165,755.00
<b>Total</b>	<b>Up to \$165,755.00</b>

HSD intends to fund a maximum of two proposals. Initial awards will be made for the period of October 1, 2022 to December 31, 2023. While it is the City's intention to renew agreements resulting from this funding opportunity on an annual basis through the 2023 program year, future funding will be contingent upon performance and funding availability.

HSD seeks to contract with a diverse group of providers to help ensure that the result of HSD's Nursing Services investment improves the health and quality of life for the clients.

All materials and updates to the Request for Qualifications are available on [HSD's Funding Opportunities webpage](#). HSD will not provide individual notice of changes, and applicants are responsible for regularly checking the web page for any updates, clarifications, or amendments.

HSD will have no responsibility or obligation to pay any costs incurred by any applicant in preparing a response to this funding opportunity or in complying with any subsequent request by HSD for information or participation throughout the evaluation and selection process.

If you have any questions about the Nursing Services RFQ or would like to request an accommodation, please contact Funding Process Coordinator Mary Pat O'Leary, [Mary.OLeary@seattle.gov](mailto:Mary.OLeary@seattle.gov).

**TIMELINE\* (AMENDED)**

Date	Time	Activity
Thursday, July 14, 2022		Funding Opportunity Released <a href="https://www.seattle.gov/humanservices/funding-and-reports/funding-opportunities">https://www.seattle.gov/humanservices/funding-and-reports/funding-opportunities</a>
<del>Monday, July 25, 2022</del> <del>Wednesday, July 20, 2022</del>	1:30-3:00 p.m. PDT	Information Session Join via WebEx (add <a href="#">link</a> ), <b>access code:</b> 2496 018 4727 <b>password:</b> JmWnmHtb354 <b>Call</b> +1-206-207-1700 United States Toll (Seattle) For Information Session technical assistance, please contact Lori Mina at <a href="mailto:lori.mina@seattle.gov">lori.mina@seattle.gov</a> .
<del>Wednesday, July 27, 2022</del> <del>Tuesday, July 26, 2022</del>	12:00 p.m. PDT	Last Day to Submit Questions
<del>Thursday, August 11, 2022</del> <del>Thursday, August 4, 2022</del>	12:00 p.m. PDT	<b>Applications Due (Electronic submissions only)</b> <a href="http://web6.seattle.gov/hsd/rfi/index.aspx">http://web6.seattle.gov/hsd/rfi/index.aspx</a> Email: HSD_RFP_RFQ_Email_Submissions@seattle.gov
Thursday, August 25, 2022	TBD	Interviews, as applicable
<del>Friday, September 9, 2022</del> <del>Friday, August 19, 2022</del>		<b>Planned Award Notification</b>
October 1, 2022		Contracts Start

\*HSD reserves the right to change any dates in the Request for Qualifications timeline.

**Online - Information Session**

HSD will offer one webinar information session, which will be recorded and made available on [HSD’s Funding Opportunities webpage](#). Any entity interested in learning more about this RFQ is encouraged to attend the session and ask questions. Attendance is not required.

All materials and updates to the RFQ are available on [HSD’s Funding Opportunities webpage](#). HSD will not provide individual notice of changes, and applicants are responsible for regularly checking this webpage for any changes. HSD will not pay for any expense applicants may incur while they are preparing their application, providing information requested by HSD, or participating in the selection process.

**INVESTMENT AREA BACKGROUND & PROGRAM REQUIREMENTS**

**A. Overview of Investment Area**

HSD ADS is required to deliver quality nurse consultation services as part of their Title XIX Medicaid contract with Washington Department of Social and Health Services. When nursing vacancies, extended leaves, and workload overflow occur, HSD utilizes contracted nurse consultant services. HSD will provide Medicaid-funded supplementary nursing services to clients currently receiving in-home care services under the Title XIX COPES, Community First Choice, Medicaid Personal Care, and New Freedom programs. Many of these

individuals have multiple risk factors, long-term chronic care issues, medication management needs, behavioral or cognitive problems, skin breakdown, wound care, and may experience physical or emotional abuse or neglect. The Registered Nurse provides nursing clinical medical expertise, input, and consultation to the assigned area agency on agency (AAA) Case Manager.

The nursing services will provide capacity, as needed, to the Registered Nurse Consultants employed by HSD and the Case Management Program subcontractors\*\*. Nursing services includes procuring a service provider, entering a contractual relationship, receiving invoices, and reimbursing for service delivery, assessing the quality of the service provider's agency, and fiscal management, as well as the quality and efficacy of the services provided.

*\*\*HSD also subcontracts with Asian Counseling & Referral Service, Chinese Information and Service Center (now known as CISC), Lifelong, and Neighborhood House for Medicaid long-term services for specified cultures, languages, and geographic locations. These agencies along with HSD ADS are part of King County's Area Agency on Aging's Case Management Program.*

## **B. Service/Program Model**

When staffing capacity is needed for Nurse Consultant services, the contracted Registered Nurse Consultant will provide nursing clinical medical expertise, input, and consultation to the assigned Area Agency on Aging (AAA) Case Manager. The RN completes in-home visits, telephone follow-up, and coordinates with community providers, including medical providers, nurses, therapists, pharmacists, and other health care providers.

The nursing service goal is to maintain the client's maximum independence through the performance of the following activities:

1. Reviewing the efficacy of the [Comprehensive and Reporting Evaluation \(CARE\)](#) electronic assessment and client service plan;
2. Nursing assessment or reassessment;
3. Instruction to care providers and clients;
  - a. Note: Performing all CARE Annual Assessments, Significant Change Assessments, and Interim Assessments will remain the responsibility of the AAA Case Manager.
4. Care Coordination and/or consultation with case managers and health professionals;
5. Evaluation of health-related care needs affecting service planning and delivery;
6. Telephone contacts with physicians or other medical professionals to coordinate or monitor client care;
7. Screen clients for skin breakdown (see the Skin Observation Protocol in the [Aging and Long-Term Support Administration \(AL TSA\) Long-Term Care Manual, Chapter 24](#));
8. NOTE: Nurse Consultants are **not** allowed to perform or provide *skilled treatment* **except** in the event of an emergency, e.g., provide CPR or first aid, and only within the scope of their profession and licensure; and
9. *Skilled treatment* is care that would require authorization and/or prescription and supervision by an authorized practitioner prior to a nurse providing it, e.g., medication administration or wound care such as debridement. Clients who have these needs should be referred to home health agencies or other appropriate health care professionals.

Nursing service activities are performed in the client's home or through phone, email, or fax contacts. Services are recorded and billed in 15-minute increments.

1. A *home visit* is defined as a visit to a client in their place of residence to perform a nursing service activity. The visit includes travel time, any associated time for documentation and collateral contacts related to the visit.
2. A *follow-up visit* is defined as a second or subsequent visit to client in their place of residence to perform a nursing services activity. This requires the approval of the AAA Case Manager prior to the visit.
3. *Interpretation and translation services* are defined as the use of City of Seattle or King County approved agencies or sole proprietors of interpreter services for the purpose of providing in-home language interpretation during a home visit or translation services specifically related to Nursing Services.
4. A *non-home visit/contact* is defined as nursing service activities performed on behalf of a client but not associated with a visit to the client's place of residence.
  - a. Examples of activities include, but are not limited to, care conferences, assessment reviews, care coordination, etc.

#### **C. Program Criteria**

1. Clients must be receiving in-home Medicaid case management services from HSD Aging & Disability Services, Asian Counseling & Referral Service, Chinese Information and Service Center (CISC), Lifelong, or Neighborhood House.
2. The clients' assessment results in a referral for Nursing Services.
3. Case managers will refer clients to the nursing services provider when a Nurse Consultant is not available.

#### **D. Priority Population and Focus Population**

*Priority populations* and *focus populations* for this funding are based on HSD's results-based accountability framework and ensures that the department's investments are dedicated to addressing disparities in the population.

**The priority populations** for this investment opportunity are adults with disabilities 18 years of age and older adults who are enrolled in Community Options Program Entry System (COPES) and/or Community First Choice, Medicaid Personal Care, or New Freedom programs and receive services from the Seattle-King County Area Agency on Aging.

Statistics from the past five years show that the predominant referrals for nursing services were related to skin observation protocol for an ethnically diverse range of clients. The languages most spoken by clients requiring nursing services were as follows:

- English
- Russian
- Tagalog

- Somali
- Spanish

The following data show the percentage of clients by race **and ethnicity** who received a nursing services referral:

- White 33%
- Asian 30%
- Black/African American 14%
- **Hispanic 8%**
- Native Hawaiian/Other Pacific Islander 6%

**Focus populations** are identified as specific racial or ethnic groups within the priority population and with data showing the highest disparities in the investment area. Given the data provided, focus population(s) for this investment opportunity are:

- Asian
- Black/African American
- Native Hawaiian/Other Pacific Islander

Applicants should demonstrate their experience working with both priority and focus populations of Asian, Black/African American, Native Hawaiian and Hispanic adults with disabilities and older adults 60 years of age and older. Proposals that clearly describe a plan to address significant needs among other populations will also be considered.

#### **E. Expected Performance Commitments**

Service-dependent quantity, quality, and impact measures may include, but are not limited to:

##### **Quantity**

1. Number of home visits completed by Registered Nurse Consultant
2. Number of phone calls completed by Registered Nurse Consultant
3. Number of referrals received and confirmed within two business days

##### **Quality**

1. Percentage of clients receiving an updated plan of care

##### **Impact**

1. Percentage of clients served who report improved health

#### **F. Description of Key Staff and Staffing Level**

The contractor shall provide the capacity of up to one (1) full-time equivalent (FTE) Registered Nurse who meets the following qualifications:

1. Current Washington State registered nurse license in good standing;
2. Bachelor's degree from an accredited school of nursing is preferred;

3. A minimum of two years professional nursing experience providing nursing assessments for older adults or adults with disabilities;
4. Pass a criminal background check;
5. Valid Washington State driver's license;
6. Ability to make on-site home visits to clients throughout King County;
7. Has experience working with clients who are low-income, have limited English skills, or receive Medicaid services;
8. Has the capacity to receive and respond to nursing services within two business days; and
9. Utilizes professional nursing judgment

**G. RFQ Specific Eligibility, Data, and Contracting Requirement**

In addition to the standard HSD requirements found on the [HSD Funding Opportunities Webpage](#), applicant agencies must meet the following criteria:

1. Applicant must meet all licensing requirements that apply to its organization. Companies must license, report, and pay revenue taxes for the Washington State Business License (UBI#) and Seattle Business License, if they are required by the laws of those jurisdictions.
2. Applicant must have a Federal Tax ID number/employer identification number (EIN) to facilitate payments from the City of Seattle to the provider.
3. Applicant must be incorporated as a private non-profit corporation in the State of Washington and must have been granted 501(c)(3) tax exempt status by the United States Internal Revenue Service, the applicant's 501(c)(3) status must be in good standing and must not have been revoked in the previous calendar year.
4. OR applicant is a federally recognized or Washington State-recognized Indian tribe.
5. OR applicant is a public corporation, partnership, limited liability company (LLC) or a sole proprietorship and must meet all licensing requirements that apply.
6. Health Insurance Portability & Accountability Act (HIPAA) Compliant (including the use of a secure email system)
7. Ability to respond to nursing services referral within specified timeframes (within two business days)
8. Applicant must have the capacity for accurate tracking of contract-related activities and reporting of expenditures, number of events, and individuals served.
9. Applicant must provide for a separate accounting of funds, from different sources (outside this contract), and demonstrate financial internal controls.
10. *COVID-19 Safety Guidelines:*
  - a. Agencies are expected to adhere to current, appropriate safety protocols as outlined by Seattle-King County Public Health, to prevent the spread of COVID-19. These protocols include vaccination verification, social distancing, wearing masks, hand washing, and sanitizing surfaces. Agencies should have a plan to safely provide services remotely and in-person.
11. HSD Contractor Vaccine Mandate Under the City of Seattle Citywide Contractor Vaccination requirement, all funded agencies are expected to have verified evidence of vaccination for every employee and subcontractor. Any request for an exception will be subjected to HSD approval.



## 2022 Nursing Services

### Request for Qualifications (RFQ)

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#### HOW TO COMPLETE THE APPLICATION

Applications will be rated only on the information requested in this RFQ, including any clarifying information requested by HSD. Answer each question completely. Do not include any materials not requested with your application. Applications that do not follow the required format may lose points. *Late or incomplete proposals or proposals that do not meet the minimum eligibility requirements outlined in this funding opportunity will not be accepted or reviewed for funding consideration.*

Required format for written application:

- Typed and formatted to letter-size (8 ½ x 11-inch) paper
- One-inch margins, single spacing, and size 11-point font
- Be no longer than 5 pages (requested attachments will not count towards the page limit).

When submitting documents, name them as following:

Document	Document Name
Narrative Response	Narrative
Attachment 2: Application Cover Sheet	Cover Sheet
Attachment 3: Proposed Program Budget	Program Budget
Attachment 4: Proposed Personnel Detail Budget	Personnel Detail Budget
Letter of Commitment from subcontracted agency	Letter of Commitment
Letter of Agreement from fiscal sponsor	Letter of Agreement
Letter of Collaboration from partner	Letter of Collaboration

The Request for Qualifications Guidelines is a separate document that provides background on HSD’s guiding principles and results-based accountability framework, and an overview of the Request for Qualifications program requirements. [HSD’s Funding Opportunities webpage](#) provides additional information on proprietary and confidential information; agency eligibility; data collection and reporting; contracting; appeals; expectations for culturally responsive services and the process for selecting successful applications.

#### PROPOSAL NARRATIVE & RATING CRITERIA

Please complete sections A through E with narrative responses that fully answer each question. Do not exceed a total of five (5) pages. Proposals will be evaluated against the rating criteria listed next to each section of questions. Highly rated proposals will describe how the agency will meet **all** rating criteria.



A. PROJECT DESCRIPTION	POINTS: 25	RATING CRITERIA
<ol style="list-style-type: none"> <li>1. Describe your program model and outline the key service components in your program.               <ol style="list-style-type: none"> <li>a. What the services are,</li> <li>b. When (times, days of the week, etc.) services will be delivered to the client and by whom,</li> <li>c. Describe how you will incorporate nursing services into your business.</li> </ol> </li> <li>2. Describe the focus population(s) and priority population(s) to be served.               <ol style="list-style-type: none"> <li>a. Describe your understanding of the unique characteristics and experiences of Medicaid (or low-income) populations such as strengths, needs, concerns, geographic region, age, ethnicity, language, and other defining attributes.</li> </ol> </li> </ol>		<ul style="list-style-type: none"> <li>• Applicant clearly describes their program and its relevance to nursing services.</li> <li>• Applicant clearly defines the priority population(s) and focus population(s) and demonstrates an understanding of the unique characteristics and experiences of the populations</li> <li>• The program description shows a strong connection with the priority population(s) and focus population(s) and an understanding of their strengths, needs, and concerns.</li> </ul>



<b>B. PARTNERSHIPS AND COLLABORATION</b>	<b>POINTS: 10</b>	<b>RATING CRITERIA</b>
<ol style="list-style-type: none"> <li>1. Describe your experience with working with other agencies, e.g., Home &amp; Community Service, hospitals, clinics, etc., and how the program will collaborate with other agencies/programs to deliver services.               <ol style="list-style-type: none"> <li>a. What are benefits of this effort for program participants? Please identify any areas that will consolidate the provision of services across agencies</li> <li>b. Explain the roles and responsibilities of the various partners.</li> </ol> </li> </ol>		<ul style="list-style-type: none"> <li>• Applicant describes effective partnerships and collaborations that enhance service quality, minimize duplication, enhance the resources available and provide benefit to program participants.</li> <li>• Applicant describes how clients will be referred to other programs and agencies in a proactive, seamless, client-friendly manner.</li> </ul>
<b>C. PROMOTES COMMUNITY-CENTERED PROGRAMMING</b>	<b>POINTS: 10</b>	<b>RATING CRITERIA</b>
<ol style="list-style-type: none"> <li>1. Describe how your program works to address and/or reduce racial and health disparities for the priority population or community.</li> <li>2. How is the priority population going to be impacted by participating in your program?</li> </ol>		<ul style="list-style-type: none"> <li>• Applicant clearly defines/describes the program’s priority population or community, as well as racial inequities, or health inequities the program will address and/or reduce.</li> <li>• Applicant describes how the priority population will be impacted while participating in the program.</li> </ul>

D. CAPACITY AND EXPERIENCE	POINTS: 40	RATING CRITERIA
<p>1. Describe your organization’s success providing nursing services in the community identified in this application. If your entity has no experience delivering the services, describe any related experience by staff and a plan for rapid development of service capacity, and attach a start-up timeline. Timeline will not be counted toward the maximum page limit.</p> <p>2. Describe who are the key people/position(s) of this program with the primary responsibility for ensuring the project moves forward? Describe your plan to staff these position(s) if you do not yet have the RN in place. Please provide brief job description(s)*.</p> <p>3. Describe how staff in these positions possess the cultural and linguistic competency to work with the community this project will serve.</p> <p><i>*Complete the Proposed Personnel Detail Budget using Attachment 4. Budget worksheets will not be counted toward the five (5) page limit.</i></p>	<ul style="list-style-type: none"> <li>• The program description demonstrates the applicant’s experience in delivering the service for at least two years, OR (for applicants providing the service for the first time) the applicant presents a clear and realistic description and timeline for launching a new service.</li> <li>• Applicant has enough qualified staff to deliver the services as described.</li> <li>• Applicant describes how their staff are equipped to work with clients from various cultures and/or who speak other languages.</li> <li>• Applicant’s leadership is likely to provide strong ongoing support for the service propose.</li> <li>• Applicant describes processes for maintaining quality staff that matches the levels needed to run the program as described.</li> </ul>	

E. OPERATIONS	POINTS: 15	RATING CRITERIA
<ol style="list-style-type: none"> <li>1. Describe how these funds will be used and identify other resources and amounts that will be used to support the clients served by this program.</li> <li>2. Describe how your agency has the capability to meet program expenses in advance of reimbursement.</li> <li>3. Complete the Proposed Program Budget (Attachment 3). Budget worksheets will not count towards the page limit. The costs reflected in this budget should be for the service area only, not your total agency budget.</li> <li>4. What is your technical capacity for tracking client information and producing reports?</li> </ol>	<ul style="list-style-type: none"> <li>• Costs are reasonable and appropriate given the nature of the service, the priority population(s) and focus population(s), the proposed level of service, and the proposed outcomes.</li> <li>• The proposed program is cost effective given the type, quantity, and quality of services.</li> <li>• The applicant identifies other funds to be used with any funds awarded from this funding opportunity for providing the services described in the proposal and provides evidence that these funds are sustainable.</li> <li>• The applicant has a demonstrated capacity to ensure adequate administrative and accounting procedures and controls necessary to safeguard all funds that may be awarded under the terms of this funding opportunity.</li> <li>• Applicant demonstrates an understanding of and capacity for data management and reporting.</li> </ul>	

**TOTAL: 100**

**COMPLETED APPLICATION REQUIREMENTS****A. Application Submittal**

The proposal **must** include:

- A completed and signed Application Cover Sheet (Attachment 2).
- A completed Narrative Response that is a maximum of five (5) pages, not counting the budget form.
- A completed Proposed Program Budget (Attachment 3).
- A completed Proposed Personnel Detail Budget (Attachment 4).
- If you are proposing to provide any new (for your agency) services, attach a start-up timeline for each service.
- Completed applications are due by **Thursday, August 11, 2022, at 12:00 p.m.** ~~Thursday, August 4, 2022, at 12:00 p.m.~~ Pacific Daylight Time.
- Proposals must be submitted through the HSD Online Submission System or via email. No faxed or mailed proposals will be accepted. Allow ample time for uploading and confirmation receipt.

*Subcontracting:*

- If you are proposing a subcontract with another agency, attach a signed letter of commitment from that agency's Director or other authorized representative.

*Partnerships:*

- If you are proposing a substantial partnership with another agency or individual, attached a signed letter of collaboration.

*Fiscal Sponsorship:*

- If you have a fiscal sponsor, attach a signed letter of agreement from that agency's Director or other authorized representative.
1. **Via HSD Online Submission System** (<http://web6.seattle.gov/hsd/rfi/index.aspx>). HSD advises uploading proposal documents several hours prior to the deadline in case you encounter an issue with your internet connectivity. HSD is not responsible for ensuring that applications are received by the deadline. If you encounter issues with the online submission system, please email Sola Plumacher at [sola.plumacher@seattle.gov](mailto:sola.plumacher@seattle.gov).
  2. **Via Email** [HSD\\_RFP\\_RFQ\\_Email\\_Submissions@seattle.gov](mailto:HSD_RFP_RFQ_Email_Submissions@seattle.gov). Email attachments are limited to 30 MB. **The subject heading must be titled: NURSING SERVICES PROCESS.** Any risks associated with submitting a proposal by email are borne by the applicant. Applicants will receive an email acknowledging receipt of their application.

Only one submission method is necessary – choose either online or email, not both.

If for any reason a proposal is submitted twice, the last submission received will be the one accepted for review by the rating panel.

**HSD Proprietary and Confidential Information**

The State of Washington’s Public Records Act (Release/Disclosure of Public Records) Under Washington State Law (reference RCW Chapter 42.56, the Public Records Act) states that all materials received or created by the City of Seattle are considered public records. These records include but are not limited to: RFP/Q narrative responses, budget worksheets, board rosters, other RFP/Q materials, including written/or electronic correspondence. In addition, HSD RFP/Q application materials are released to rating committee members and all rating committee members must sign and adhere to the [Confidentiality and Conflict of Interest Statement](#). **Personal identifiable information entered on these materials is subject to the Washington Public Records Act and may be subject to disclosure to a third-party requestor.**

If funding is awarded, HSD will request copies of the following documents if they are not already on file. Agencies will have four (4) business days from the date of written request to provide the requested documents via the HSD Online Submission System (<http://web6.seattle.gov/hsd/rfi/index.aspx>) or email ([HSD\\_RFP\\_RFQ\\_Email\\_Submissions@seattle.gov](mailto:HSD_RFP_RFQ_Email_Submissions@seattle.gov)).

1. The current fiscal year’s financial statements, consisting of the Balance Sheet, Income Statement and Statement of Cash Flows, certified by the agency’s CFO, Finance Officer, or Board Treasurer.
2. The most recent audit report.
3. The most recent fiscal year-ending Form 990 report.
4. A current certificate of commercial liability insurance (if awarded, the agency’s insurance must conform to Master Agency Service Agreement requirements at the start of the contract).
5. Current verification of nonprofit status or evidence of incorporation or status as a legal entity. Your agency must have a federal tax identification number/employer identification number.
6. 6. Proof of federally approved indirect rate, if applicable.

**I. List of Attachments & Related Materials**

- Attachment 1: Application Checklist  
Attachment 2: Application Cover Sheet  
Attachment 3: Proposed Program Budget  
Attachment 4: Proposed Personnel Detail Budget

**2022 NURSING SERVICES  
REQUEST FOR QUALIFICATIONS  
Application Checklist**

This checklist is to help you ensure your application is complete prior to submission. Please do not submit this form with your application.

**HAVE YOU . . .**

- Read and understood the following additional documents found on the [Funding Opportunities Webpage](#)?**
- HSD Client Data and Program Reporting Requirements
  - HSD Contracting Requirements
  - HSD Fiscal Sponsor Requirements
  - HSD Funding Opportunity Selection Process
  - HSD Appeal Process
  - HSD Commitment to Funding Culturally Responsive Services
  - HSD Guiding Principles
  - HSD Master Agency Services Agreement Sample
  - HSD 2022 NURSING SERVICES, REQUEST FOR QUALIFICATIONS
- Completed and signed the Application Cover Sheet (Attachment 2)? \***
- If your application names specific partner agencies, representatives from these agencies must also sign the application cover sheet.
  - If your application names a fiscal sponsor, authorized representatives from this agency must have read and understood the HSD Fiscal Sponsor Requirements document and must sign the application cover sheet.
- Completed each section of the Application Questions?**
- Must not exceed 5 pages (8 ½ x 11), single spaced, double-sided, size 11 font, with 1-inch margins.
  - Page count does not include the required forms (Attachments 2, 3 and 4) and supporting documents requested in this funding opportunity.
- Completed the full Proposed Program Budget (Attachment 3)? \***
- Completed the full Proposed Personnel Detail Budget (Attachment 4)? \***
- Attached the following supporting documents? \***
- Roster of your current Board of Directors or comparable minutes as outlined in Section IV of the application.
- If you are proposing to provide any new services (for your entity), have you attached a start-up timeline for each service, beginning October 1, 2022? \***



**If you are proposing a significant collaboration with another agency, have you attached a signed letter of intent from that agency's Director or other authorized representative? \***

*\*These documents do not count against the 5-page limit for the proposal narrative section.*

All applications are due to the City of Seattle Human Services Department by **12:00 p.m. on Thursday, August 11, 2022.** ~~12:00 p.m. on Thursday, August 4, 2022.~~ Application packets received after this deadline will not be considered. See Section I for submission instructions.



**City of Seattle  
Human Services Department**

**2022 NURSING SERVICES  
REQUEST FOR QUALIFICATIONS  
Application Cover Sheet**

1. Applicant Agency:			
2. Agency Executive Director:			
3. Agency Executive Director Email and Phone #	Email	Phone #	
<p>The Executive Director will be notified by HSD regarding the final funding decision, and if the application does not meet minimum requirements.</p> <p>HSD will communicate with the Primary Contact for all other matters including but not limited to requesting financial documents (including documents from the fiscal sponsor if there is one), scheduling interviews and clarifying details of the application as needed.</p>			
4. Primary Contact for this RFQ:			
Name:			Title:
Address:			
Email:			
Phone #:			
5. Organization Type			
<input type="checkbox"/> Non-Profit	<input type="checkbox"/> For Profit	<input type="checkbox"/> Public Agency	<input type="checkbox"/> Other (Specify):
6. Federal Tax ID or EIN:		7. DUNS Number:	
8. WA Business License Number:			
9. Proposed Program Name:			
10. Funding Amount Requested:			
If HSD is unable to fund the amount requested, does your organization wish to be considered for a lesser amount?	Yes No		
11. # of unduplicated people your organization will serve each year:	Enrolled in program		completed program

## 12. Partner Agency (if applicable):

Contact Name:

Title:

Address:

Email:

Phone Number:

Description of partner agency proposed activities:

Signature of partner agency representative: \_\_\_\_\_ Date: \_\_\_\_\_

## 13. Fiscal Sponsor (if applicable):

Contact Name:

Title:

Address:

Email:

Phone Number:

*I have read and understood the Fiscal Sponsor Requirements document and will comply with all obligations if the applicant is awarded funding.*

Signature of fiscal sponsor representative: \_\_\_\_\_ Date: \_\_\_\_\_

## 14. Provide a high-level summary (about 200 words or less) of your proposal here:

**Authorized physical signature of applicant/lead organization:**

*To the best of my knowledge and belief, all information in this application is true and correct. The document has been duly authorized by the governing body of the applicant who will comply with all contractual obligations if the applicant is awarded funding.*

Name and Title of Authorized Representative: \_\_\_\_\_

Signature of Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**2022 NURSING SERVICES REQUEST FOR QUALIFICATIONS**  
**Proposed Program Budget**  
**October 1, 2022 – December 31, 2023**

Excel versions of the budget templates can be found on the application page of the [HSD Funding Opportunity Webpage](#)

<b>Applicant Agency Name:</b>					
<b>Proposed Program Name:</b>					
	<b>Amount by Fund Source</b>				
<b>Item</b>	<b>Requested HSD Funding</b>	<b>Other<sup>1</sup></b>	<b>Other<sup>1</sup></b>	<b>Other<sup>1</sup></b>	<b>Total Project</b>
<b>PERSONNEL SERVICES</b>					
Salaries (Full- & Part-Time)					\$
Fringe Benefits					\$
<b>SUBTOTAL - PERSONNEL SERVICES</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>SUPPLIES, OTHER SERVICES &amp; CHARGES</b>					
Office Supplies (Includes printing, postage, and general supplies. Does not include computer or technology expenses.)					\$
*Operating Supplies (Includes computers, other technology expenses [not internet] and other expenses related to providing services.) <sup>2</sup>					\$
Rent					\$
Contractual Employment/Other Professional Services <sup>3</sup>					\$
Travel (Includes mileage, parking)					\$
Insurance					\$
Utilities (includes electric, internet, phone)					\$
Other Miscellaneous Expenses <sup>4</sup>					\$
Indirect Facilities and Administrative (F&A) Costs <sup>5</sup>					\$
<b>SUBTOTAL - SUPPLIES, OTHER SERVICES &amp; CHARGES</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>TOTAL EXPENDITURES</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

<sup>1</sup> Identify specific funding sources included under the "Other" column(s) above:

<sup>2</sup> Operating Expenses - Itemize below (Do not include office supplies.):

	\$
	\$
	\$
	\$
<b>Total</b>	\$

	\$
	\$
	\$
	\$
<b>Total</b>	\$

<sup>3</sup> Contractual Employment/Other Professional Services - Itemize below:	
	\$
	\$
	\$
	\$
<b>Total</b>	\$

<sup>4</sup> Other Miscellaneous Expenses - Itemize below:	
	\$
	\$
	\$
	\$
<b>Total</b>	\$

<sup>5</sup> Indirect Facilities and Administration (F&A) Costs - Itemize below:	
	\$
	\$
	\$
	\$
<b>Total</b>	\$

<sup>5</sup> Indirect Facilities and administration (F&A) Costs – Those costs referred to as overhead costs, or administrative costs. These are actual costs incurred to conduct the normal business activities of an agency and are not readily identified with or directly charged to a program, making it difficult to precisely assess each user’s share. Those Indirect F&A expenses include:

- General Administration
- Departmental Administration
- Operation and Maintenance
- Building and Equipment Depreciation
- Non-Capitalized Interest

Does the agency have a federally approved rate?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, provide the rate.				

**2022 NURSNG SERVICES REQUEST FOR QUALIFICATIONS  
Proposed Personnel Detail Budget  
October 1, 2022 – December 31, 2023**

Excel versions of the budget templates can be found on the application page of the [HSD Funding Opportunity Webpage](#)

<b>Applicant Agency Name:</b>	
<b>Proposed Program Name:</b>	

Agency's Full-Time Equivalent (FTE) =		hours/week			Amount by Fund Source(s)				
Position Title	Staff Name	FTE	# of Hours Employed	Hourly Rate	Requested HSD Funding	Other Fund Source	Other Fund Source	Other Fund Source	Total Program
<b>Subtotal – Salaries &amp; Wages</b>									
<b>Personnel Benefits:</b>									
FICA									
Pensions/Retirement									
Industrial Insurance									
Health/Dental									
Unemployment Compensation									
Other Employee Benefits									
<b>Subtotal – Personnel Benefits:</b>									
<b>TOTAL PERSONNEL COSTS (SALARIES &amp; BENEFITS):</b>									